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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0133 Fort Benton Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 2206 No Ayers, Nikki 4.25 1 2269 No Andreasen, Dawn 3.50 2270 Hasbrouck, Donna 1 No 2.00 2274 Davis, Corinne & Chris 2.00 1 No Reichelt, Kirk 2276 No 3.75

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0134 Fort Benton H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 2271 No Fultz, Tom 9.25 1 2272 No Kelly, Kristine E 2.00 1 2273 No Rubens, Connie M 4.65 Genereux, Dan L 9.00 1 2369 No

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent

Second Semester May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent 5: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0137 Big Sandy Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 11 2259 Yes Amsbaugh, Paula 0.13 11 2260 Yes Brown, Renita 1.00 11 2261 Yes Darlington, Carey 1.00

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

1.00

State	
District	
County	

DUE
DATES

2

2261

Yes

Darlington, Carey

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0138 Big Sandy H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 2 2255 No Terry, Bev 2.00 2 2256 No Darlington, Russell 0.40 2 2257 No Weaver, Don 9.25 2 2258 Boyce, Laura 9.25 No 2 2259 Amsbaugh, Paula Yes 0.12 2 2260 Yes Brown, Renita 1.00

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0144 Warrick Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 26 2275 No Brown, Rene' 1.00 26 2278 No Dumas, Jim L 2.50 26 2279 No Henderson, Suzanne B 0.75

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 0153 Geraldine Elem 08 Chouteau Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 44 2263 No Bronec, Margaret 1.00

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0154 Geraldine H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 3 2264 No Hicks, Donald 4.50

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0171 Benton Lake Elem 08 Chouteau Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 99 2204 No SILVERBERG, DENA 3.50 99 2277 No Mackenstadt, Heather 0.50